

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

10/552011
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2		1		1				52					
3	2			1				53					
4	2			1				54					
5	2			1				55					
6	2			1				56					
7	1			1				57					
8	1			1				58					
9	1			1				59					
10	1			1				60					
11	1			1				61					
12	1			1				62					
13	1			1				63					
14				1				64					
15				1				65					
16				1				66					
17				1				67					
18				1				68					
19				1				69					
20				1				70					
21								71					
22								72					
23								73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		↓	1	↓		↓		TOTAL IND.		↓	↓	↓	
TOTAL DEP.		←	14	←		←		TOTAL DEP.		←	←	←	
TOTAL CLAIMS		20	20					TOTAL CLAIMS					